

Current Controversy

St George's University School of Medicine, Grenada: benefit or liability?

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Every doctor will know somebody who would have given his right arm to become a doctor and yet was never accepted for medical school. Far more people apply to medical schools in Britain and the United States than are accepted, and some of those refused feel their whole life to be spoilt. For those who feel sufficiently strongly and have enough money there is an option—to buy their way into a medical school somewhere in the world. Few Britons do this as they lack the financial resources, but many Americans, most of whom have to pay for their medical education anyway, are willing to do so, and for many years "offshore medical schools" have existed to "satisfy this market." These schools are loathed by the American and Canadian medical establishments and their standards are the subject of suspicion.

In the late '70s, however, in the West Indian island of Grenada a new offshore medical school was established that claims to be an international medical school aiming at the highest standards—the St George's University School of Medicine. It had its first graduates in 1981. But is this medical school any different from the other offshore medical schools? Is it just a money-making concern, or is it a respectable medical school? Is it really international, or is it just an American school dumped like a cuckoo's egg into the impoverished nest of Grenada? The answers to these questions are of more than academic interest to British medicine because some of the St George's students receive much of their clinical training in Britain within the NHS. Is this to be countenanced?

A small meeting was held recently in London to discuss this very question. It was prompted by a report written on the school by Professor Philip Rhodes, regional postgraduate dean in Southampton, who visited the school in April 1982, and organised by Mr A P Ross, a Winchester surgeon and the clinical co-ordinator in Britain of St George's. The vice-chancellor of the school, Dr Geoffrey A Bourne, attended and so did two British doctors who teach St George's students in Britain; Sir Gordon Wolstenholme, who is chairman of the board of academic trustees of the school, and Professor Rhodes were also there. Several members of the British medical establishment were invited but none were able to attend: so the only person there who was not directly associated with the school, apart from Professor Rhodes, was me (who only by the most extravagant stretch of the imagination can be seen as part of the British medical establishment). But the questions posed by the existence of this medical school and particularly by its use of NHS resources are well worth considering.

At the meeting a deep difference of opinion became immediately apparent. Professor Rhodes when asked to introduce his report said succinctly that St George's did not and might

never concord with his idea of a medical school and that the way it had made such extensive use of NHS facilities was immoral. The school's advocates in response defended the school vigorously, but Professor Rhodes felt that there was a fundamental, philosophical incompatibility between his view and that of the others, and he left. I want now to describe the background and to present and examine the arguments of both sides.

Cuckoo's egg or curate's egg?

The school was founded by Charles Modica, who himself had been unable to get into an American medical school and after a brief spell at a Spanish school turned to law. His aim was to produce a respectable international medical school, "one that could serve the students from developing countries, where the demand for doctors is urgent." In January 1981 there were 1226 students in the school, but it could not by any means have been called international: 89% of the students were from the US, 91.6% from the developed world, and only 12 students from Grenada, who receive free tuition. Furthermore, the chancellor, the dean, and the dean of clinical studies work mainly in the US, and all 169 graduates in 1981 joined US residency programmes.

The school's supporters point out that these are early days and that some developing countries are showing great interest: 46 students are Nigerians paid for by the Nigerian Government, and there are four students from Zimbabwe and one from the Cameroons with United Nations scholarships. I suggested at the meeting that when the fees are US\$ 3700 per semester (therefore, nine semesters means about US\$ 33 000) and the total cost of the course, including living expenses, is about US\$ 75 000 few Third World countries are going to be able to afford to send many students. Furthermore, would the training be appropriate and wouldn't the countries be better employed putting the money into their own medical schools? The people from the school pointed out that both the tuition and the living expenses are cheaper than in most American schools.

Ironically, the school, according to the dean, has about ten applicants for every place and has to select its students. American students must have a degree, British students A-levels (there were six Britons in the school in January 1981), and the other students equivalent qualifications; all must do an aptitude test; and all are interviewed before finally being offered a place. Most, but not all, of the students have failed to get into medical schools in the US or elsewhere. Yet, as the school insists and the British doctors confirm, the students are of a high academic standard and are very highly motivated.

On paper the course at St George's looks much like that of any other medical school. Four preclinical semesters are followed by a fifth semester at Kingston Medical College, St Vincent, a sixth semester in the health facilities of either Grenada or St

Vincent, seventh and eighth semesters in participating foreign hospitals (mostly in the US but some in Britain), and a ninth semester in an approved health facility. All the usual subjects are included. Much of the teaching is done by visiting professors (there were 103 in the nine months from September 1980), and the basic medical science faculty numbers only 21.

Professor Rhodes in his report queried the teaching of the basic medical sciences. There was no practical work in any of the basic medical sciences except anatomy, and no research was undertaken by either students or teachers. Nor did Professor Rhodes think that the clinical facilities in the hospitals in Grenada and St Vincent were adequate for teaching students. The facilities have been greatly upgraded by the arrival of the school, but the back-up facilities—in pathology, for example—were quite inadequate. The later teaching in Britain and the US is questioned not as to its quality but as to its morality.

Whatever the quality of the training the St George's students do rather well in that curious exam the ECFMG—the exam that has to be passed by foreign graduates in order to practise medicine in the US. The school makes great play of the fact that 84% of their students who took the exam passed (39% is the world average pass rate, but many candidates fail the English part of the exam, which would not be a problem for most of St George's students), and two of their students had perfect scores in the Medical Sciences Knowledge Profile. The school also has its own exams—modelled on the final exams in British medical schools. The candidates have to examine only one case, and Professor Rhodes was critical that there were no obstetric, gynaecological, paediatric, or psychiatric cases.

The degree provided by the school is all that is necessary for the student to be able to take the ECFMG and appropriate State licensing exams and then be able to practise in the US. The Americans, unlike the British, have no system for approving foreign medical schools. St George's would very much like to get GMC approval, for then its graduates would be eligible for limited registration in Britain, and, what's more, GMC approval might mean that many more Third World countries (particularly those in the Commonwealth) would be willing to send students to Grenada. If, however, the Americans had an institution like the GMC then St George's and the other offshore schools would not exist.

St George's and the NHS

At any one time about 42 St George's students are working in Britain—for spells of 42 weeks. Some students also spend a further 18 weeks in British hospitals. They work in district general hospitals: eight—in Basingstoke, Bath, Canterbury, Dudley, Poole, Portsmouth, London, and Winchester—participated originally, but more are joining. The plan is to increase the number of students to 48. Each student brings with him £1000 for the hospital, and each hospital spends the money in different ways: in some consultants receive money for teaching, while in others all the money goes towards libraries, teaching facilities, research, etc. Professor Rhodes points out that St George's receives about £4000 in fees in the same time, and that foreign students at British medical schools pay £5000 a year in fees.

The dean insisted, however, that far from making a profit the school lost money on sending students to Britain. Money lies behind many of the worries about the school: many people feel that the school is or will eventually be making a fat profit out of the students' urgent desire to become doctors. The school insists not, and Modica told the *Canadian Medical Association Journal* in 1981¹ that he took no salary and that the school was operating in the red. He is pictured, however, on the cover of one of the school's newsletters climbing into the school's plane, which it says he uses for flying from campus to campus.

Professor Rhodes objected at the meeting to how, without proper consultation with authorities, St George's students had come to receive so much of their training in NHS hospitals. He thought that their excessive use of NHS facilities was very different from the attachment of overseas students for periods of about three months, although he recognised that consultants had the right to take what students they wanted for however long they wanted. The school's advocates then began to list the advantages of having the St George's students on an almost permanent basis. The students, they said, are unusually bright, hardworking, and enthusiastic, and their presence in the district general hospitals creates a stimulating atmosphere. The consultants enjoy teaching and hold regular teaching meetings, which they never did before, and junior staff, British students, and everybody benefit.

In answer to the assertion that they had not consulted the right authorities, Mr Ross said that he had consulted his regional health authority, the regional medical officer, the DHSS, and everybody appropriate, and had met nothing but obstruction. The "establishment" seems to be set squarely against the school. At the North Middlesex Hospital, however, the St George's students had been introduced after very little consultation, and everything was working well. Consultation may be an overrated pastime.

Other beneficiaries or victims

Another group profoundly affected by St George's are the people of Grenada. Are they being abused or are they benefiting? The school's advocates point to the money and jobs brought into the country by the school, and the greatly upgraded medical facilities, and say that of course the Grenadians are benefiting. The prime minister of the one-party Marxist State (a British-trained lawyer) would seem to agree and gave an enthusiastic speech at the school's graduation ceremony.

What then about the students? Are they receiving a good medical education? Professor Rhodes commented that most leave the island as quickly as they can and never return. But then again all of the crop of graduates got jobs in American training schemes, which is what they wanted. Finally, what about the American people? What sort of doctors are being unleashed on them? Are St George's and the "offshore schools" in satisfying the demands of a small group who desperately want to become doctors overloading the country with doctors? The American authorities are presumably satisfied with their systems of licensing doctors or they would change them, and, furthermore, St George's argues that it is producing doctors for parts of America that are underdoctored.

Conclusions

Rather like whether you should vote Labour or Conservative these problems cannot be analysed to provide a clear answer one way or the other. Many people find the idea of a remote and less than adequately equipped medical school cashing in on the urgent need of some rich youngsters to become doctors rather distasteful, while others welcome initiative and entrepreneurship and resent the inflexibility of the medical establishment. My lame conclusion is that I'm sure that Margaret Thatcher would approve.

Reference

- ¹ Korcok M. Will offshore medical schools graduate quality physicians? *Can Med Assoc J* 1981;124:461-8.